## **Disbursement Request**

Disbursement Request Form

## bursement negacs

Date:\_\_\_\_\_ To the Treasurer: Pay to the order of: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_ Itemized expenses: \_\_\_\_\_ Total number of receipts attached: \_\_\_\_\_\_ Please staple original receipts to this form prior to forwarding to the treasurer. Total requested: \_\_\_\_\_\_ Voucher / Check payable to (Name) \_\_\_\_\_ Mail address \_\_\_\_\_ City\_\_\_\_\_ State \_\_\_\_ Requested by: \_\_\_\_\_ Date: \_\_\_\_ Approval by: \_\_\_\_\_\_ Date: \_\_\_\_\_ ++++++++ For ACCOUNTING USE ONLY in BELOW section +++++++++ Paid by Check number: \_\_\_\_\_ Date: \_\_\_\_\_ Funds disbursed by: \_\_\_\_\_\_ (Treasurer's signature)

## **Itemized Expenses**

( Please attached your receipts via email to <a href="ncccaf.2022@gmail.com">ncccaf.2022@gmail.com</a>)

Date	Expense Purpose	Vendor name	Amount	Last 4 order #